

Nebraska Record of Compensation Insurance — Form 12P Intergovernmental Risk Management Pool

To be used to provide information on each pool member involved in the event of organization, joinder, or termination, within 10 days of the event. Only one member of a pool may be reported on a Form 12P.

Name of Member: Event Reported (check one and give the effective date): Initial Organization of Pool Effective Date: New Member Effective Date: Termination of Member Effective Date: For workers' compensation purposes, list any separately named entities under the jurisdithis member from which employees work and the location. (If additional space is needed, separate sheet.) Name Address FEIN Name of Pool Administrator: Address: Prepared by (please type): Phone: Mail to: Nebraska Workers' Compensation Court					
Event Reported (check one and give the effective date): Initial Organization of Pool Effective Date:	Phone:		Dept. of Insura	Dept. of Insurance Code:	
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Prepared by (please type): Phone: Mail to: Nebraska Workers' Compensation Court	Name o	of Pool Administrator:			
Phone: Mail to: Nebraska Workers' Compensation Court		Address:			
Mail to: Nebraska Workers' Compensation Court	Prepared by (please type):				
		Phone:			
Lincoln NE 68509-8908	Mail to:	PO Box 98908	•		